

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598910

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2						
3						
4						
5						
6						
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28			1			
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30			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			28			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						